

on the arts to assist with the planning. The bill would also grant the Commission exclusive rights over their official logo for commercial licensing purposes, which would help provide additional funding resources for the Commission's work. These changes will allow the Commission and the rest of the United States to better celebrate our country's 250th anniversary.

Madam Speaker, as the Commission noted in their 2020 report to the President, "America 250," the central theme of the celebrations, will be "educate, engage, and unite." Specifically, the Commission's primary goal with these celebrations is to inspire the American spirit; to deepen the understanding of our history and the democratic process through education; increase engagement in our communities and governing affairs; and foster unity, that includes the many Americans in our "one Nation."

Madam Speaker, I think my colleagues would agree that more than ever, Americans stand to benefit from a national celebration reflecting on our shared values which unite us as a country, a country uniquely founded on a set of ideals.

Every one of us owes a debt of gratitude to the framework of freedoms, rights, and government institutions our Founding Fathers established with such a discerning forethought. We look forward to the Commission's plans being finalized next year and for the forthcoming celebrations of America's founding, a country we all love so well.

Madam Speaker, we look forward to celebrating the 250th anniversary of America's founding. Madam Speaker, I urge my colleagues to support this bill, and I yield back the balance of my time.

Mr. KHANNA. Madam Speaker, I reiterate my support for this legislation, and I urge my colleagues to support it.

Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. KHANNA) that the House suspend the rules and pass the bill, S. 3989, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

□ 1430

DEEMING AN URBAN INDIAN ORGANIZATION AND EMPLOYEES A PART OF PUBLIC HEALTH SERVICE

Mr. GALLEGO. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 6535) to deem an urban Indian organization and employees thereof to be a part of the Public Health Service for the purposes of certain claims for personal injury, and for other purposes, as amended.

The Clerk read the title of the bill. The text of the bill is as follows:

H.R. 6535

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. DEEMING AN URBAN INDIAN ORGANIZATION AND EMPLOYEES THEREOF TO BE A PART OF THE PUBLIC HEALTH SERVICE FOR THE PURPOSES OF CERTAIN CLAIMS FOR PERSONAL INJURY.

Title V of the Indian Health Care Improvement Act (25 U.S.C. 1651) is amended by adding at the end the following:

"SEC. 519. DEEMING AN URBAN INDIAN ORGANIZATION AND EMPLOYEES THEREOF TO BE A PART OF THE PUBLIC HEALTH SERVICE FOR THE PURPOSES OF CERTAIN CLAIMS FOR PERSONAL INJURY.

"Section 102(d) of the Indian Self-Determination and Education Assistance Act shall apply—

"(1) to an Urban Indian organization to the same extent and in the same manner as such section applies to an Indian tribe, a tribal organization, and an Indian contractor; and

"(2) to the employees of an Urban Indian organization to the same extent and in the same manner as such section applies to employees of an Indian tribe, a tribal organization, or an Indian contractor."

SEC. 2. DETERMINATION OF BUDGETARY EFFECTS.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled "Budgetary Effects of PAYGO Legislation" for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Arizona (Mr. GALLEGO) and the gentleman from Virginia (Mr. WITTMAN) each will control 20 minutes.

The Chair recognizes the gentleman from Arizona.

GENERAL LEAVE

Mr. GALLEGO. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the measure under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Arizona?

There was no objection.

Mr. GALLEGO. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, H.R. 6535, the Coverage for Urban Indian Health Providers Act, is a bipartisan bill authored by myself and Representative MARKWAYNE MULLIN of Oklahoma.

This bill would uphold our trust responsibility, provide long-overdue parity to the Indian Health System by extending Federal Tort Claims Act coverage to urban Indian organizations, and direct their scarce resources to saving lives instead of bureaucratic overhead.

This broadly supported policy change was also included in the President's fiscal year 2021 budget proposal.

As part of our trust and treaty responsibilities, the U.S. Government has

a legal responsibility to provide healthcare to Native Americans and Alaska Natives. Congress created the Indian Health System to carry out this obligation.

The Indian Health System is made up of the Indian Health Service; Tribal health programs; and urban Indian organizations, known as UIOs.

UIOs play a pivotal role in upholding the trust responsibility by providing culturally competent care to the over 70 percent of American Indians and Alaska Natives who live in urban areas, like my district in Phoenix, Arizona.

However, despite the pivotal role they play, UIOs are the only branch of the Indian Health System that are not currently eligible for liability coverage under the Federal Tort Claims Act, known as FTCA.

As a result, each UIO is forced to spend up to \$250,000 per year on individual medical liability policies. If we pass this bill today, that quarter of a million dollars will instead be spent directly on patient care and the resources these clinics need to fight COVID-19. That is why passing H.R. 6535 is especially critical now, in the midst of a pandemic that has hit Native populations the hardest, and UIOs have been disproportionately the ones servicing them and also hit hard.

This year, over 80 percent of UIOs have cut services due to the resource shortages they are experiencing, and at least three have had to shut their doors during the first wave of the pandemic. Cuts to services are devastating for the vulnerable Native communities and the UIOs that serve them. I know because I have heard from my constituents what a critical role UIOs, like Native Health of Phoenix, play in the daily lives of urban Indians.

From free food deliveries during the pandemic to seniors and low-income families, to COVID testing, primary care, and social services, UIOs and their staffs are pillars of the communities they serve and they save lives.

These heroic frontline staffs should not be singled out for exclusion from coverage under FTCA merely due to which part of the Indian Health System they serve in. Passing H.R. 6535 would immediately make these health providers eligible for FTCA coverage, and it would create a financial lifeline for these cash-strapped health clinics serving on the front lines of the pandemic.

I urge my colleagues to support frontline health workers, support Native communities, and support upholding our trust responsibilities by voting "yes" on this bill.

Madam Speaker, I reserve the balance of my time.

Mr. WITTMAN. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, H.R. 6535 would amend the Indian Health Care Improvement Act to extend Federal Tort Claims Act coverage to urban Indian

organizations, or UIOs. It would do so by deeming the UIOs and their employees part of the Public Health Service.

Currently, urban Indian health organizations need to purchase liability insurance with resources that could be better utilized to expand services to Native Americans. The rising costs of liability insurance and the general cost of providing healthcare services adversely impact the ability of UIOs to provide needed services. As a result, services are often substantially reduced or certain types of staff are eliminated.

The Indian Health Service deems UIOs an integral part of the Indian healthcare system. They provide high-quality, culturally relevant healthcare and are often the only healthcare providers readily accessible to urban American Indian and Alaska Native patients.

While there is general agreement and support that Federal Tort Claims Act protections should be extended to UIO health facilities, I am disappointed that the majority failed to consider technical amendments provided by the Department of Health and Human Services.

Requests to address these legitimate concerns were dismissed shortly after Chairman GRIJALVA of the Natural Resources Committee agreed to keep working on the legislation before it would be considered on the House floor. These technical changes would improve the legislation, which may now face an uncertain future in the Senate. That shortsightedness only hurts the very Native Americans that this bill is trying to help.

Madam Speaker, I yield back the balance of my time.

Mr. GALLEGO. Madam Speaker, I urge my colleagues to support this legislation, and I yield back the balance of my time.

Mr. CASE. Madam Speaker, I rise in support of H.R. 6585 with deep reservations.

I support the substance of the measure as addressing key concerns for American Indians and Alaska Natives. My grave concern is with the inexplicable omission of Native Hawaiians as indistinguishably indigenous peoples of this country to be treated and included the same.

I spelled out my concerns at length in a submission to the record of my Committee on Natural Resources on this measure and I include in the RECORD my statement:

U.S. House Committee on Natural Resources: July 29, 2020 Full Committee Markup on H.R. 6535:

Additional Remarks for the Record:

U.S. Congressman Ed Case:

Chairman Grijalva, Ranking Member Bishop and fellow Committee members, I respectfully submit these additional remarks for the record on H.R. 6535, introduced by my friend and colleague on the Committee, Mr. Gallego, also Chair of the Committee's Subcommittee on Indigenous Peoples of the United States on which I am also honored to serve.

H.R. 6535, considered and unanimously reported by this Committee on July 29, 2020, would extend federal tort claims coverage for certain personal injury claims to urban Indian organizations by deeming them part

of the Public Health Service, similar to current coverage provided to Indian tribes, tribal organizations, Indian contractors and employees. I fully endorse this measure and was pleased to be able to support it in both Subcommittee and full Committee.

However, I must register my deep concern that Native Hawaiian Health Care Systems (NHHCS) have not also been extended the same coverage in this measure or otherwise. Although there are legitimate procedural and related non-substantive reasons for not including them in this specific vehicle, I wish to affirm for the record that this is clearly unfinished business that should and must be remedied by this Committee and Congress at the earliest opportunity.

The current federal tort claims coverage extends to many health care providers serving American Indian and Alaska Native individuals in the Indian Health Service (IHS) and tribal facilities as part of the undertakings and obligations of our country to our indigenous peoples. Whole segments of our indigenous populations depend on these providers for their health needs, in particular primary and preventive care. The practical effect of covering these critical organizations under the Federal Tort Claims Act (FTCA) is to simplify the processing and resolution of medical malpractice and other personal injury claims against the organization, which expedites settlement of legitimate claims and decreases administrative and related expense burdens, thus enabling providers to deliver more extensive and better service to their communities.

FTCA coverage has extended for decades to the IHS and tribal organizations including indigenous-focused federally qualified health centers (to include Native Hawaiian Community Health Centers (NHCHC).) However, for reasons that reflect simple omission rather than any other explanation, urban Indian organizations and NHHCS, first established under the Native Hawaiian Health Care Improvement Act of 1988, are not currently covered under the FTCA. This bill would correct that as to urban Indian organizations but not NHHCS.

There is no policy or functional differentiation among urban Indian organizations, NHHCS, tribal organizations and NHCHC in FTCA coverage, nor between NHHCS and urban Indian organizations. Both urban Indian organizations and NHHCS are devoted to the same needs for the same reasons as the others. In fact, in Hawai'i, where we have the largest population of Native Hawaiians of any state but relatively few Native Americans and Alaska Natives, our NHHCS actually contract with the IHS to provide our own and visiting Native Americans and Alaska Natives with reduced cost health care and payer of last resort services (and at actual costs that far exceed the contracted amounts).

Moreover, in the public health context, there is every reason for Native Hawaiians to seek the same benefits as afforded to other indigenous organizations under FTCA coverage. Even aside from COVID-19, Native Hawaiians suffer from the shortest life expectancy of the major ethnic groups in Hawai'i due to underlying medical conditions such as diabetes, coronary heart disease and asthma. With higher unemployment rates, Native Hawaiians are in particular need of the culturally relevant, lower cost health care options offered by Native Hawaiian-focused organizations like NHHCS. All this has been worsened by COVID-19, which has inflicted some of the highest infection and mortality rates on Native Hawaiian/Pacific Islander communities nationwide. The extension of FTCA to NHHCC is just one of many initiatives that can make a real difference in ensuring NHHCS can continue to serve their

own populations in these times of great challenge and need.

During my Subcommittee on the Indigenous Peoples of the United States' July 19, 2020 hearing on H.R. 6535, I asked IHS Director RADM Michael D. Weahkee whether there was any policy reason to differentiate between NHHCS, urban Indian organizations and other tribal health care providers in FTCA coverage. Director Weahkee responded: "In one of my roles as Indian Health Service Director, I serve as the Vice Chair of the Interdepartmental Council on Native American Affairs at the Department of Health and Human Services, and that responsibility extends not only to our American Indian and Alaska Native populations, but also to our Native Hawaiian and Pacific Islanders, and so in that chair I would see the same advantage toward Native Hawaiian programs as I discussed here today for our American Indian urban Indian organizations." Further, the Congressional Budget Office previously reviewed similar legislation, the Native Hawaiian Health Care Improvement Reauthorization Act of 2003, and determined there was no appreciable cost to the federal government.

Aside from these bill specifics, I ask this Committee to understand and appreciate my Native Hawaiian community's goal of extending FTCA coverage to NHHCS, and its great concern at being excluded from H.R. 6535, as not just a policy inconsistency but in a much broader context. To repeat, Native Hawaiians are the indigenous peoples of our country to the same degree and extent as other indigenous peoples. As such, the United States has undertaken a similar special trust responsibility to Native Hawaiians dating back to Hawaii's entry into the United States as a territory in 1900, and continuing through the seminal century-old Hawaiian Homes Commission Act of 1920 and some 150-plus more Native Hawaiian federal statutes and equally if not more numerous specific regulations, administrative actions and other initiative since including the Native Hawaiian Education Act and Native Hawaiian Health Care Improvement Act. This is not a new or questionable relationship in any way and has the same long and often difficult history as other indigenous peoples.

Notwithstanding, Native Hawaiians have faced decades of being overlooked, ignored and excluded in our federal initiatives to fulfill our country's trust responsibilities to our indigenous peoples. It has proven too easy to ask Native Hawaiians to just wait while we take care of another indigenous concern first, while too often the wait has not materialized into any later action. So please understand that when Native Hawaiians express great concern over exclusion from a seemingly straightforward bill like H.R. 6535, their skepticism, apprehension and distrust has deep roots that transcend this specific bill.

Chair, Ranking Member and Committee colleagues, I personally appreciate your consideration of my additional remarks on behalf of our country's vital Native Hawaiian community, and hope that I have provided you with some broader appreciation of why we believe that inclusion of NHHCS in FTCA coverage as is provided for virtually all other indigenous health care organizations is so important. I look forward to working with your and our like-minded colleagues to achieve such inclusion in other appropriate vehicles.

Mahalo nui loa (thank you very much).

I fully expect that further measures I am asked to support of benefit to American Indians and Alaska Natives will include Native Hawaiians.

Thank you.

The SPEAKER pro tempore. The question is on the motion offered by

the gentleman from Arizona (Mr. GALLEG0) that the House suspend the rules and pass the bill, H.R. 6535, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

JULIUS ROSENWALD AND THE ROSENWALD SCHOOLS ACT OF 2020

Mr. GALLEG0. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 3250) to require the Secretary of the Interior to conduct a special resource study of the sites associated with the life and legacy of the noted American philanthropist and business executive Julius Rosenwald, with a special focus on the Rosenwald Schools, and for other purposes, as amended.

The Clerk read the title of the bill.
The text of the bill is as follows:

H.R. 3250

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Julius Rosenwald and the Rosenwald Schools Act of 2020".

SEC. 2. RESOURCE STUDY OF JULIUS ROSENWALD AND ROSENWALD SCHOOLS.

(a) DEFINITIONS.—In this section:

(1) ROSENWALD SCHOOL.—The term "Rosenwald School" means any of the 5,357 schools and related buildings constructed in 15 southern States during the period of 1912 through 1932 by the philanthropy of Julius Rosenwald.

(2) SECRETARY.—The term "Secretary" means the Secretary of the Interior.

(3) STUDY AREA.—The term "study area" means the sites associated with the life and legacy of Julius Rosenwald.

(b) SPECIAL RESOURCE STUDY.—

(1) STUDY.—The Secretary shall conduct a special resource study of the study area, with a special emphasis on the following Rosenwald Schools and other sites associated with the life and legacy of Julius Rosenwald:

(A) Sears Administration Building at Homan Square in Chicago, Illinois.

(B) Rosenwald Court Apartments in Chicago, Illinois.

(C) Museum of Science & Industry in Chicago, Illinois.

(D) Rosenwald House (formerly the Lyon Home) at the Lincoln Home National Historic Site in Springfield, Illinois.

(E) Cairo Rosenwald School, a one-teacher school in Sumner County, Tennessee.

(F) Shady Grove School, a one-teacher school in Louisa County, Virginia.

(G) Noble Hill School, a two-teacher school in Bartow County, Georgia.

(H) Ridgeley School, a two-teacher school in Prince Georges County, Maryland.

(I) Bay Springs School, a two-teacher school in Forest County, Mississippi.

(J) Russell School, a two-teacher school in Durham County, North Carolina.

(K) Shiloh Rosenwald School, a three-teacher school in Macon County, Alabama.

(L) San Domingo School, a four-teacher school in Wicomico County, Maryland.

(M) Elmore County Training School, a seven-teacher school in Elmore County, Alabama.

(N) Dunbar Junior High, Senior High and Junior College in Little Rock, Arkansas.

(2) CONTENTS.—In conducting the study under paragraph (1), the Secretary shall—

(A) evaluate the national significance of the study area;

(B) determine the suitability and feasibility of designating the study area as a unit of the National Park System, including an interpretive center in or near Chicago, Illinois;

(C) consider other alternatives for preservation, protection, and interpretation of the study area by the Federal Government, State or local government entities, or private and nonprofit organizations;

(D) consult with interested Federal agencies, State or local governmental entities, private and nonprofit organizations, or any other interested individuals; and

(E) identify cost estimates for any Federal acquisition, development, interpretation, operation, and maintenance associated with the alternatives.

(c) APPLICABLE LAW.—The study under paragraph (1) shall be conducted in accordance with section 100507 of title 54, United States Code.

(d) RESULTS.—Not later than 3 years after the date on which funds are first made available for the study under paragraph (1), the Secretary shall submit to the Committee on Natural Resources of the House of Representatives and the Committee on Energy and Natural Resources of the Senate a report describing—

(1) the results of the study; and

(2) any conclusions and recommendations of the Secretary relating to the study.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Arizona (Mr. GALLEG0) and the gentleman from Virginia (Mr. WITTMAN) each will control 20 minutes.

The Chair recognizes the gentleman from Arizona.

GENERAL LEAVE

Mr. GALLEG0. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the measure under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Arizona?

There was no objection.

Mr. GALLEG0. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in strong support of H.R. 3250, the Julius Rosenwald and Rosenwald Schools Act, introduced by Representative DANNY DAVIS.

This bill directs the National Park Service to conduct a study of sites associated with the life and legacy of Julius Rosenwald.

Julius Rosenwald was an American businessman and philanthropist, who is well known for his role as part owner and president of Sears, Roebuck and Company.

In the early 20th century, Rosenwald used his wealth to fund Progressive Era projects and causes, particularly those with a focus on enhancing the lives of African Americans.

Rosenwald was instrumental in the construction of 25 YMCAs across the country, including Chicago's historic Wabash Avenue YMCA, which provided African Americans with housing and job training during the Great Migration.

Through his efforts with the YMCA, Rosenwald developed a relationship with Booker T. Washington and was in-

vited to serve on the board of directors of the Tuskegee Institute.

At Tuskegee, Rosenwald funded a pilot program that helped build six schools for African-American children in rural Alabama. This partnership ultimately sparked the creation of the Rosenwald Fund, which constructed more than 5,300 Rosenwald Schools and related buildings across the South.

By 1928, one in every five rural schools in the South was a Rosenwald School, providing education to one-third of all African-American children in the South through the 1940s.

Many Americans are unaware of the tremendous contributions that Julius Rosenwald and the Rosenwald Schools made to our country. I would like to thank Representative DAVIS for this effort to elevate this incredible part of our Nation's history.

Madam Speaker, I urge my colleagues to support this bill, and I reserve the balance of my time.

Mr. WITTMAN. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, H.R. 3250 would require the Secretary of the Interior to conduct a special resource study of the sites associated with the legacy of Julius Rosenwald, with special focus on the Rosenwald Schools.

Julius Rosenwald was born in 1862, while Abraham Lincoln was President, in a house just a block away from Lincoln in Springfield, Illinois. He would eventually play his own major role in helping to elevate our Nation's African-American citizenry.

A child of German immigrants, Rosenwald dropped out of high school after two years to apprentice with his uncles, who were major clothing manufacturers in New York City. He was active in the wholesale clothing business from 1879, until he joined Sears and Roebuck in 1895. Rosenwald became vice president and part owner of the company. Sears was the Amazon of its day, and Rosenwald went to extraordinary lengths to keep up with its growth.

After stepping down as president of Sears in 1924, Mr. ROSENWALD devoted most of his time to philanthropy. Over the course of his life, he donated millions of dollars to public schools, colleges and universities, museums, Jewish charities, and African-American institutions.

Of all of his philanthropic efforts, Rosenwald was most famous for the more than 5,000 Rosenwald Schools he established throughout the South for poor, rural African-American youth, and the 4,000 libraries he added to existing schools. These schools were cooperatively built with the assistance from the local African-American communities. Donations of land and labor by the local community were matched by financial contributions of the Rosenwald Fund.

In fact, the great legacy is the number of leaders in the African-American community that would come back and